Fellow Supervision Policy
San Antonio Uniformed Services Health Education Consortium
Anesthesia Critical Care Medicine Fellowship Program

Introduction

Careful supervision and observation are required to determine the trainee's abilities to perform technical and interpretive procedures and to manage patients. Trainees must be given graded levels of responsibility while assuring quality care for patients. Supervision of trainees should be graded to provide gradually increased responsibility and maturation into the role of a judgmentally sound, technically skilled, and independently functioning credentialed provider.

Supervision, trainee autonomy, and independent decision making

It is the goal of the Critical Care Anesthesia Fellowship to nurture the intellectual growth and development of postdoctoral fellows in critical care. We recognize this medical maturation occurs at variable rates among individual trainees and; therefore, apply no rigid timetable to the developmental expectations of Critical Care fellows. Rather, we anticipate a steady growth in autonomous decision-making, and evaluate each fellow's progress during clinical rotations through the academic year. At program completion, all fellows will demonstrate the ability for independent patient management consistent with comprehensive intensive care unit care. Specifically, fellow responsibilities will follow these guidelines and principles:

- Fellows will be supervised by credential providers ("staff attendings") who are licensed independent practitioners on the medical staff of the teaching hospital in which they are attending. The staff attendings must be credentialed in that hospital for the specialty care and diagnostic and therapeutic procedures that they are supervising.
- The fellow will take responsibility for organizing and supervising the teaching service in concurrence with the staff attending provider and provide the residents and medical students, under his or her supervision, a productive educational experience. In this role, they work directly with the residents in evaluating all new admissions, and reviewing all H&P's, progress notes and orders written by the junior resident daily. They will also supervise, in consultation with the staff attending provider, all procedures performed by the residents. The fellow must maintain close contact with the attending physician of each patient and notify them as quickly as possible of any significant changes in the patient's condition or therapy. All decisions related to invasive procedures, contrast radiology, imaging modalities, and significant therapies must be approved by the attending staff provider.

- All lines of authority for inpatient care delivered by the fellow and intensive care unit (ICU) team will be directed to one credentialed staff provider, who will be clearly identified in the medical record. In the medical intensive care unit (MICU), the MICU attending staff provider has the primary responsibility for the medical

diagnosis and treatment of the patient. In the surgical "high intensity intensivist model", the surgical ICU (SICU) team serves a consultant service to several surgical services (general surgery, vascular surgery, neurosurgery) who have ICU level credential to practice critical care medicine. For these consult patients, the primary surgical team patient faculty will assume ultimate authority for the patient. The SICU team, directed by the SICU attending and supervised by the fellow, will provide consultant services and *ICU care as delegated by the primary service*. For patients on non-ICU credentialed surgical services, (orthopedic surgery, ENT, plastic surgery, obstetrics and gynecology, oral and maxillofacial surgery) the SICU attending will serve as the primary credentialed staff provider until the patient is transferred to the hospital ward. In either case, the fellow will be supervised by and report directly to the attending SICU faculty.

- Critical Care fellows will gradually assume levels of additional responsibility, such as making morning and afternoon rounds without the personal presence of the attending physician. These increased levels of responsibility will be based upon serial evaluations of individual performance. However, patient care plan decisions will be reviewed with the attending critical care physician, and institutional staff supervision policies will apply through graduation.
- During the later part of the year, the fellows will increasingly take on the role of attending Critical Care physician. They will lead the team on morning and afternoon rounds, and engage in increased communication with primary care team physicians, allied health workers, and patient families.
- Critical Care fellows will participate in and contribute to interdisciplinary meetings, general ICU staff meetings, and quality assurance processes in order to familiarize themselves with the administrative aspects of ICU management.
- At all times, the names and contact information of supervising faculty will be made available to the fellow through published call schedules.
- Fellows may write daily orders on inpatients for which they are participating in the care. These orders will be implemented without the co-signature of a staff physician. It is the responsibility of the fellow to discuss their orders with the attending staff physician. Trainees will follow all BAMC or WHMC policies on how to write orders, notify nurses and verbal orders policies of each patient care area.
- The Program Director will ensure that all supervision policies are distributed to and followed by trainees and the medical staff supervising the trainees. Compliance with the resident supervision policy will be monitored by the Program Director.
- Yearly, the Program Director will review the job descriptions and listing or resident clinical activities and make changes as needed. She/he will submit the new job descriptions and their updated listing of clinical activities by postgraduate year to the Office of the Associate Dean for Graduate Medical Education (GME) and to the Graduate Medical Education Committee (GMEC) for approval.

Procedures:

- Per the SAUSHEC Trainee Supervision policy "a trainee will be considered qualified to perform a procedure if, in the judgment of the supervising staff provider and his/her specific training program guidelines, the trainee is competent to safely

and effectively perform the procedure. Residents at certain year levels in a given training program may be designated as competent to independently perform certain procedures based upon specific written criteria set forth and defined by the program director. In this instance, trainees may perform routine procedures that they are deemed competent to perform (such as arterial line placement) for standard indications without prior approval or direct supervision of staff" Therefore, the level of supervision for procedures performed by the Anesthesia Critical Care fellow will be in accordance with the *Clinical Procedural Capabilities* established for the fellowship program. Fellows enrolled within the program are graduates of accredited anesthesiology residencies, and have previously demonstrated competency and knowledge in the performance of procedures requiring *indirect supervision* per the capabilities list.

- Procedures listed on the *Clinical Procedural Capabilities* that require direct staff supervision are generally outside of the scope of a typical anesthesiology residency program, and will thus be directly supervised by qualified faculty until the fellow can demonstrate consistent clinical competency and technical skill in the performance of these procedures.
- It is expected that the fellow will call faculty for oversight of procedures that are outside of the scope of their own individual capabilities, or according to faculty discretion.
- Fellows may perform emergency procedures when life or limb would be threatened by delay without prior staff approval.
- The fellow, under indirect supervision, can perform sedation for procedures, when indicated, because the fellows are board eligible anesthesia residency graduates. Sedation procedures and documentation must be conducted per individual institutional policy.

Documentation:

Staff supervision of care for hospitalized patients must be documented in the inpatient record. Documentation requirements for inpatient care are outlined below. These are the minimal requirements and may be more stringent depending upon respective teaching hospital policy.

Documentation that must be performed by staff

- Documentation, in writing, by staff provider, or concurrence with the admission, history, physical examination, assessment, treatment plan and orders, is required within 24 hours of admission.
- Document concurrence with major therapeutic decisions such as "Do Not Resuscitate" status by specific mention in a staff provider written progress note.
- At least daily, staff will review and co-sign notes for all ICU patients and for any significant change in patient status or change in plan.
- All notes by medical or dental students as well as interns must be co-signed by a staff provider.

Documentation that can be done by trainees

- Trainees must document patient care and staff supervision by writing timely progress notes and/or co-signing notes written by medical or dental students. The condition of the patient determines how often progress notes are written.
- Required documentation of staff supervision can be accomplished by the trainee, e.g., "Dr. Smith (the attending) concurs with…"
- For admissions to critical care units, there must be documentation of notification of the admission and concurrence of the staff or fellow with trainee health care plans within twenty four hours of admission.
- Documenting staff provider concurrence with discharge plans before the patient is discharged.
- Documenting staff provider concurrence with decision to transfer patient to another provider, service or facility.
- Documenting staff provider concurrence with issues dealing with Advance Directives, informed consent and refusal of care.

Principal Reference

- Wilford Hall Medical Center Medical Wing Instruction 44-71: San Antonio Uniformed Services Health Education Consortium (SAUSHEC) trainee supervision guideline.

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